

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

GATORPAC

ADDRESS (number and street) ▼

PO BOX 32

☐ Check if different than previously reported. (ACC)

MADISONVILLE

LA

70447

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00570416

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer TIM BEAL

Signature of Treasurer

TIM BEAL

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

GATORPAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		1327.54
(b) Cash on Hand at Beginning of Reporting Period.....	1327.54	
(c) Total Receipts (from Line 19)	48133.33	48133.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	49460.87	49460.87
7. Total Disbursements (from Line 31)	35302.57	35302.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14158.30	14158.30
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

GATORPAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	1		2	0	1	5		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	5		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	25320.00	25320.00
(ii) Unitemized	11056.27	11056.27
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	36376.27	36376.27
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	11757.06	11757.06
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	48133.33	48133.33
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	48133.33	48133.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	48133.33	48133.33

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	35302.57	35302.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	35302.57	35302.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	35302.57	35302.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35302.57	35302.57

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	48133.33	48133.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48133.33	48133.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	35302.57	35302.57
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	35302.57	35302.57

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 30
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

GATORPAC

Full Name (Last, First, Middle Initial)

A. RANDOLPH BAZET III

Mailing Address 510 KATIE

City	State	Zip Code
HOUMA	LA	70360

FEC ID number of contributing
federal political committee.

C

Name of Employer

BAZET REALTY

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2015

Transaction ID : SA11AI.4432

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. MORTON BLACKWELL

Mailing Address 3128 17TH STREET N

City	State	Zip Code
ARLINGTON	VA	22201

FEC ID number of contributing
federal political committee.

C

Name of Employer

LEADERSHIP INSTITUTE

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2015

Transaction ID : SA11AI.4424

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. KENNETH BOYETT

Mailing Address 211 BOYETT RD

City	State	Zip Code
BERNICE	LA	71222

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Banner

Occupation

Publisher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

Transaction ID : SA11AI.4227

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 30

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

GATORPAC

Full Name (Last, First, Middle Initial)

A. GEORGE BRAZZEL

Mailing Address 864 LINTON ROAD

City
BENTONState Zip Code
LA 71006FEC ID number of contributing
federal political committee.

C

Name of Employer
BRAZZEL DRILLINGOccupation
DRILLING CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2015

Transaction ID : SA11AI.4396

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. MICHAEL BROOKS

Mailing Address 26365 TURKEY RIDGE RD

City
BUSHState Zip Code
LA 70431FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.4221

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. MARK CAMPBELL

Mailing Address 9668 WESTHIEMER RD 200-233

City
HOUSTONState Zip Code
TX 77063FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

Transaction ID : SA11AI.4231

Amount of Each Receipt this Period

625.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3875.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 30
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GATORPAC

Full Name (Last, First, Middle Initial)

A. JENNY CRAIG

Mailing Address 11601 WILSHIRE BLVD
STE 1840

City State Zip Code
LOS ANGELES CA 90025

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2015

Transaction ID : SA11AI.4213

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. TERESA DOUCET

Mailing Address 1021 GUATEMALA ST

City State Zip Code
LAKE CHARLES LA 70605

FEC ID number of contributing
federal political committee.

C

Name of Employer

TBD RETAIL & SERVICE LLC

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2015

Transaction ID : SA11AI.4217

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. JOHN GASSER

Mailing Address 5595 LAWTON AVE

City State Zip Code
OAKLAND CA 94618

FEC ID number of contributing
federal political committee.

C

Name of Employer

ADOPH GASSER INC

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 30 / 2015

Transaction ID : SA11AI.4146

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3275.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 30

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GATORPAC

Full Name (Last, First, Middle Initial)

A. JOHN GASSER

Mailing Address 5595 LAWTON AVE

City

OAKLAND

State

CA

Zip Code

94618

FEC ID number of contributing
federal political committee.

C

Name of Employer

ADOPH GASSER INC

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

04 / 03 / 2015

Transaction ID : SA11AI.4147

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. RICHARD GRAHAM

Mailing Address 4615 N PARK DR SUITE 101

City

COLORADO SPRINGS

State

CO

Zip Code

80918

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

STORAGE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 13 / 2015

Transaction ID : SA11AI.4206

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. KAREN HYORTH

Mailing Address 30400 WILD STREET

City

SPRINGFIELD

State

LA

Zip Code

70462

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 17 / 2015

Transaction ID : SA11AI.4223

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1770.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 30

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

GATORPAC

Full Name (Last, First, Middle Initial)

A. VERNON KEHOSS

Mailing Address 203 HILL STREET

City

HARTLAND

State

WI

Zip Code

53029

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2015

Transaction ID : SA11AI.4219

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER LAPACK

Mailing Address 722 LELEMANU ALLEY

City

HONOLULU

State

HI

Zip Code

96818

FEC ID number of contributing
federal political committee.

C

Name of Employer

USAF

Occupation

CAPTAIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2015

Transaction ID : SA11AI.4151

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. KEVIN MONTCALM

Mailing Address PO BOX 954

City

MANSFIELD

State

LA

Zip Code

71052

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2015

Transaction ID : SA11AI.4186

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

1150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 30

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GATORPAC

Full Name (Last, First, Middle Initial)

A. WILLIAM NUNGESSER

Mailing Address PO BOX 7624

City

BELLE CHASSE

State

LA

Zip Code

70037

FEC ID number of contributing
federal political committee.

C

Name of Employer

PLAQUEMINES PARISH

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 20 / 2015

Transaction ID : SA11AI.4458

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KEITH PATTON

Mailing Address 3506 MALINDA LN

City

ROWLETT

State

TX

Zip Code

75088

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 17 / 2015

Transaction ID : SA11AI.4225

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. CANDY PEAVY

Mailing Address 4603 GILBERT DR

City

SHREVEPORT

State

LA

Zip Code

71106

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

01 / 02 / 2015

Transaction ID : SA11AI.4449

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 30

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

GATORPAC

Full Name (Last, First, Middle Initial)

A. CANDY PEAVY

Mailing Address 4603 GILBERT DR

City
SHREVEPORTState Zip Code
LA 71106FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2015

Transaction ID : SA11AI.4142

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. PATRICK PEAVY

Mailing Address 942 ONTARIO ST

City
SHREVEPORTState Zip Code
LA 71106FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : SA11AI.4383

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. ROBERT PENNINGTON

Mailing Address 7426 RIVERSIDE DR

City
SHREVEPORTState Zip Code
LA 71107FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

Transaction ID : SA11AI.4229

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

6000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 30
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GATORPAC

Full Name (Last, First, Middle Initial)

A. FRANKLIN A SALE

Mailing Address PO BOX 154

City State Zip Code
 GREENWOOD LA 71033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 20 / 2015

Transaction ID : SA11AI.4123

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. WILLIAM SAMPLE

Mailing Address 265 CAPTAIN HM SHREVE BLVD

City State Zip Code
 SHREVEPORT LA 71115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF

FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 01 / 2015

Transaction ID : SA11AI.4138

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MIKE STRATTON

Mailing Address 413 ORANGEWOOD DR

City State Zip Code
 LAFAYETTE LA 70503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 10 / 2015

Transaction ID : SA11AI.4131

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GATORPAC

Full Name (Last, First, Middle Initial)

A. JEREMIAH SUPPLE

Mailing Address 200 ACACIA DR

City
LAFAYETTE

State Zip Code
LA 70508

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 23 / 2015

Transaction ID : SA11AI.4439

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ROBERT TOCKI

Mailing Address 2655 ROYAL CREST DR

City
ESCONDIDO

State Zip Code
CA 92025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2015

Transaction ID : SA11AI.4215

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

25320.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 30

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GATORPAC

Full Name (Last, First, Middle Initial)

A. AG CROWE FOR SENATE CAMPAIGN

Mailing Address 646 CARNATION STREET

City State Zip Code
 SLIDELL LA 70460

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 23 / 2015

Transaction ID : SA11C.4436

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. CONTINUING AMERICA'S STRENGTH AND SECURITY PAC

Mailing Address PO BOX 80505

City State Zip Code
 BATON ROUGE LA 70898

FEC ID number of contributing
federal political committee.

C C00480228

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 19 / 2015

Transaction ID : SA11C.4415

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF COLONEL ROB MANESS

Mailing Address PO BOX 25

City State Zip Code
 MADISONVILLE LA 70447

FEC ID number of contributing
federal political committee.

C C00545285

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.4410

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 30

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

GATORPAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF COLONEL ROB MANESS

Mailing Address PO BOX 25

City	State	Zip Code
MADISONVILLE	LA	70447

FEC ID number of contributing
federal political committee.**C** C00545285

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

Transaction ID : SA11C.4445

Amount of Each Receipt this Period

5000.00

**CONTRIBUTION TO INDEPENDENT EXPENDATURE
ACCOUNT**

Full Name (Last, First, Middle Initial)

B. FRIENDS OF COLONEL ROB MANESS

Mailing Address PO BOX 25

City	State	Zip Code
MADISONVILLE	LA	70447

FEC ID number of contributing
federal political committee.**C** C00545285

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7657.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

Transaction ID : SA11C.4388

Amount of Each Receipt this Period

157.06

Full Name (Last, First, Middle Initial)

C. GARRET GRAVES FOR CONGRESS

Mailing Address PO BOX 64845

City	State	Zip Code
BATON ROUGE	LA	70896

FEC ID number of contributing
federal political committee.**C** C00558486

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2015

Transaction ID : SA11C.4393

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

6157.06

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 30

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GATORPAC

Full Name (Last, First, Middle Initial)

A. LOUISIANA VALUES PAC

Mailing Address PO BOX 325

City State Zip Code
MINDEN LA 71058

FEC ID number of contributing
federal political committee.

C C00466904

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 23 2015

Transaction ID : SA11C.4386

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

11757.06

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 30

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

GATORPAC

Full Name (Last, First, Middle Initial)

A. AIR BNB

Mailing Address 888 BRANNAN ST

City State Zip Code
SAN FRANCISCO CA 94103
Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 09 2015
Transaction ID : SB21B.4365

Amount of Each Disbursement this Period

235.00

Full Name (Last, First, Middle Initial)

B. A STONES THROW CAFE

Mailing Address 1550 AIRPORT DR

City State Zip Code
SHREVEPORT LA 71107
Purpose of Disbursement
PAC EVENT CATERING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 01 2015
Transaction ID : SB21B.4284

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. A STONES THROW CAFE

Mailing Address 1550 AIRPORT DR

City State Zip Code
SHREVEPORT LA 71107
Purpose of Disbursement
PAC EVENT CATERING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 29 2015
Transaction ID : SB21B.4330

Amount of Each Disbursement this Period

442.50

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1677.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 30

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

GATORPAC

Full Name (Last, First, Middle Initial)

A. BEST WESTERN

Mailing Address 6201 N 24TH PARKWAY

City PHOENIX State AZ Zip Code 85016

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 07 / 2015
Transaction ID : SB21B.4324

Amount of Each Disbursement this Period

123.91

Full Name (Last, First, Middle Initial)

B. BOYETT PRINTING AND GRAPHICS

Mailing Address 113 EAST KINGS HWY

City SHREVEPORT State LA Zip Code 71104

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2015
Transaction ID : SB21B.4301

Amount of Each Disbursement this Period

275.13

Full Name (Last, First, Middle Initial)

C. KRISTA CARTER

Mailing Address PO BOX 32

City MADISONVILLE State LA Zip Code 70447

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 10 / 2015
Transaction ID : SB21B.4260

Amount of Each Disbursement this Period

6000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6399.04

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

GATORPAC

Full Name (Last, First, Middle Initial)

A. KRISTA CARTER

Mailing Address PO BOX 32

City MADISONVILLE State LA Zip Code 70447

Purpose of Disbursement
STRATEGY CONSULTING/FINANCE CONSULTING

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 15 2015
Transaction ID : SB21B.4303

Amount of Each Disbursement this Period

2347.05

Full Name (Last, First, Middle Initial)

B. KRISTA CARTER

Mailing Address PO BOX 32

City MADISONVILLE State LA Zip Code 70447

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 15 2015
Transaction ID : SB21B.4337

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. KRISTA CARTER

Mailing Address PO BOX 32

City MADISONVILLE State LA Zip Code 70447

Purpose of Disbursement
STRATEGIC CONSTULTING

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 15 2015
Transaction ID : SB21B.4373

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7347.05

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 30

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

GATORPAC

Full Name (Last, First, Middle Initial)

A. DELTA

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 26 2015
Transaction ID : SB21B.4272

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. FACEBOOK

Mailing Address ONE HACKER WAY

City MENLO PARK State CA Zip Code 04025

Purpose of Disbursement
ONLINE ADS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 01 2015
Transaction ID : SB21B.4354

Amount of Each Disbursement this Period

355.10

Full Name (Last, First, Middle Initial)

C. FRC ACTION

Mailing Address 801 G STREET NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
PAC EVENT CATERING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 12 2015
Transaction ID : SB21B.4281

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

680.10

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 30

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

GATORPAC

Full Name (Last, First, Middle Initial)

A. SPENCER HARDISON

Mailing Address PO BOX 392

City PINE LEVEL State NC Zip Code 27568

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 30 2015
Transaction ID : SB21B.4290

Amount of Each Disbursement this Period

650.00

Full Name (Last, First, Middle Initial)

B. INTUIT

Mailing Address 7535 TORREY SANTA FE RD

City SAN DIEGO State CA Zip Code 92129

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 06 2015
Transaction ID : SB21B.4254

Amount of Each Disbursement this Period

291.17

Full Name (Last, First, Middle Initial)

C. JASON'S DELI

Mailing Address 2320 TOWER DRIVE

City MONROE State LA Zip Code 71201

Purpose of Disbursement
PAC EVENT CATERING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 01 2015
Transaction ID : SB21B.4346

Amount of Each Disbursement this Period

560.52

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1501.69

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

GATORPAC

A. JASON'S DELI

Category/
Type

943.42

State: District:

B. MAJESTIC TENT RENTAL

04 / 21 / 2015

Category/
Type

346.51

State: District:

C. NATIONBUILDER

Category/
Type

499.00

State: District:

1788.93

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

GATORPAC

A. TIDEWATER STRATEGIES LLC

Mailing Address PO BOX 10853

City	State	Zip Code
RALEIGH	NC	27605

Purpose of Disbursement

WEB CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.4258

Amount of Each Disbursement this Period

1833.50

Full Name (Last, First, Middle Initial)

B. TIDEWATER STRATEGIES LLC

Mailing Address PO BOX 10853

City	State	Zip Code
RALEIGH	NC	27605

Purpose of Disbursement
WEB CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

04 / 07 / 2015

Transaction ID : SB21B.4296

Amount of Each Disbursement this Period

3523.50

Full Name (Last, First, Middle Initial)

C. TIDEWATER STRATEGIES LLC

Mailing Address PO BOX 10853

City	State	Zip Code
RALEIGH	NC	27605

Purpose of Disbursement

WEB CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.4323

Amount of Each Disbursement this Period

848.80

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

6205.80

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

GATORPAC

A. TIDEWATER STRATEGIES LLC

Date of Disbursement

Transaction ID : SB21B.4374

Amount of Each Disbursement this Period

787.50

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B. TRANXAXT

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.4250

Amount of Each Disbursement this Period

261.18

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

C. TRANXAXT

Date of Disbursement

Transaction ID : SB21B.4251

Amount of Each Disbursement this Period

A diagram of a rectangular frame with four vertical supports. The frame is represented by a rectangle with a thick border. Inside the rectangle, there are four vertical lines, one in each quadrant, representing supports. The top and bottom horizontal lines are thicker than the side vertical lines.

17.44

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

1066.12

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 30

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

GATORPAC

Full Name (Last, First, Middle Initial)

A. TRANXAXTMailing Address 190 MONROE AVE NW
STE500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement
ONLINE PROCESSING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015**Transaction ID : SB21B.4252**

Amount of Each Disbursement this Period

6.92

Full Name (Last, First, Middle Initial)

B. TRANXAXTMailing Address 190 MONROE AVE NW
STE500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement
ONLINE PROCESSING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2015**Transaction ID : SB21B.4253**

Amount of Each Disbursement this Period

2.42

Full Name (Last, First, Middle Initial)

C. WASHINGTON PLAZA HOTEL

Mailing Address 10 THOMAS CIR NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 24 / 2015**Transaction ID : SB21B.4265**

Amount of Each Disbursement this Period

822.12

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

831.46

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GATORPAC

Full Name (Last, First, Middle Initial)

A. WASHINGTON PLAZA HOTEL

Mailing Address 10 THOMAS CIR NW

City WASHINGTON	State DC	Zip Code 20005
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Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2015

Transaction ID : SB21B.4271

Amount of Each Disbursement this Period

822.12

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

822.12

32929.48
